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LICENSE NU	MBER: 010800002		CITY OR TOWN	BLACKST	ONE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE N.	AME: POL. AMER	a. CITIZENS CLUB INC. OI	F BLACKSTONE		
DOING BUSI	NESS A				
ADDRESS 61	Mill St				
CITY/TOWN:	: BLACKSTONE	STATE: MA	ZIP CODE:	01504	
MANAGER:	MALONEY, GERALD M.	TYPE OF LICENSE: Club	C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
	N OF LICENSED PI				
	ON STREET FLOOF ´ST AND EASTERL	R AND ONE ROOM ON SE LY SIDE OF BLDG	COND FLOOR W	ITH ENTRA	NCES
I hereby certify	y and swear under pe	nalties of perjury that:			
1. the	renewed license will	be of the same type for the s	same premises now	licensed;	
2. the	licensee has complie	d with all laws of the Comm	onwealth relating t	o taxes; and	
3. the	premises are now op	en for business (If not explai	in below)		
SIGNED BY					
	Individual, P	Partner or Authorized Corpor	rate Officer		
DATE:	TELEI	PHONE NUMBER:			ION NUMBER:
			(Note. NOT III)	iividuai Sociai S	ecurity Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire depart	ment for the	above
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	u expiain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN BLACKSTONE
nual LICENSED FOR 2013
.ASS YEAR
3
E: MA ZIP CODE: 01504
ENSE: Club CATEGORY: All Alcohol
TER YOUR EMAIL ADDRESS
ON ONE FLOOR. ONE OFFICE IN OLD CHOIR AND BOILER ROOM. UNDER OLD SECTION
that:
pe for the same premises now licensed;
the Commonwealth relating to taxes; and
f not explain below)
zed Corporate Officer
R: EMPLOYER IDENTIFICATION NUMBER:
(Note: NOT Individual Social Security Number)
on (1) the certificate required by Chapter 304 of the I the head of the fire department for the above sility insurance required by Chapter 116 of the Acts
LOCAL LICENSING AUTHORITY
LOCAL LICENSING AUTHORITY By:



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LICENSE NUMBER: 010)800011		CIT	Y OR TOWN	BLACKST	ONE
APPLICATION FOR RE	NEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: JIC	G'S CAFE IN	TC				
DOING BUSINESS A N	IORETTI'S LO	OUNGE				
ADDRESS 1210 SOCIAL	L ST					
CITY/TOWN: BLACKS	STONE	STATE:	MA	ZIP CODE:	01504	
MANAGER: MORETT JEANNE		YPE OF LICEN	SE:Restaura	ant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEAS	SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL A	DDRESS		_
DESCRIPTION OF LICE	ENSED PREM	(ISES:				
ONE STORY BUILDING SOCIAL ST AND REAR		ORNER OF SOC	IAL AND	AUCLAIR ST	S. ENTRANG	CE ON
I hereby certify and swear	under penalti	es of perjury tha	t:			
1. the renewed lie	cense will be o	of the same type	for the same	e premises now	licensed;	
2. the licensee ha	s complied wi	th all laws of the	Commonw	ealth relating	to taxes; and	
3. the premises a	re now open fo	or business (If no	ot explain be	elow)		
SIGNED BY						
Inc	lividual, Partn	er or Authorized	Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:				TON NUMBER:
				(Note. NOT In	dividual Social S	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) the of 2010.	the building i	nspector and th	ne head of t	he fire depart	ment for the	above
Please Check Below:			LO	OCAL LICENS	SING AUTHO	ORITY
APPROVED:			By	y:		
DISAPPROVED:						
(If disapproved explain)			_			
			_			
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: (110800016		C	II Y OK IO	WN BLACI	KSTONE	
APPLICATION FOR R	RENEWAL:	Annu	al	LIC	CENSED FO	R 2013	
		CLAS	SS			YEAR	
LICENSEE NAME: 1 DOING BUSINESS A							
ADDRESS 202 MAIN	STREET						
CITY/TOWN: BLAC	KSTONE	STATE:	MA	ZIP CODE	E: 01504		
MANAGER: PATEL	, RASIK J.	TYPE OF LICENS	SE:Packa	ige Store	CATEGO	RY: Wine and Malt Regula	ar
EMAIL ADDRESS:							
PLI	EASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAI	L ADDRESS		<u></u>	
DESCRIPTION OF LI	CENSED PR	EMISES:					
1000 SQ FT ENTRAN	CE/EXIT FR	ONT OF STORE A	ND EMI	ERGENCY E	XIT ON SID	E OF BLDG	
I hereby certify and swe	ear under pen	alties of perjury tha	t:				
1. the renewed	license will l	be of the same type	for the sa	me premises	now licensed	;	
2. the licensee	has complied	l with all laws of the	Commo	nwealth relat	ng to taxes; a	and	
3. the premises	are now ope	n for business (If no	ot explain	below)			
SIGNED BY	Individual, Pa	artner or Authorized	Corpora	te Officer			
DATE:	TEI ED	HONE NUMBER:		EMPL	YER IDENTIF	ICATION NUMBER:	
	TELEF	HONE NOWBER.				cial Security Number)	
Please Check Below:				LOCAL LIC	ENSING AU	THORITY	
APPROVED:				By:			
DISAPPROVED:							
(If disapproved explain)						
				-			
DATE.							
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 010800017		CITY OR TOWN	BLACKSTONE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	GURUKRUPA	A, INC.		
DOING BUSINESS	A MAIN STRE	EET DISCOUNT LIQUO	RS	
ADDRESS 157 MAI	IN STREET			
CITY/TOWN: BLA	CKSTONE	STATE: MA	ZIP CODE:	01504
MANAGER: PATI	EL, ENDRA H.	TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
L	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PR	EMISES:		
		MENT, CEMENT BLOC ON PARKING LOT SII		
2. the license	ee has complied	be of the same type for the with all laws of the Com in for business (If not expl	monwealth relating to	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: [If disapproved explain.]	nin)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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LICENSE NUMBER:)10800018		CITY OR TOWN	1 BLACKST	ONE
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GERARD W. CAOUETT	ΓΕ			
DOING BUSINESS A	THE WALKER'S PUB				
ADDRESS 104 CANA	L STREET				
CITY/TOWN: BLAC	KSTONE ST	ΓATE: MA	ZIP CODE:	01504	
MANAGER:	TYPE OF	LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI					
	BLDG. CONSISTING O COND FLOOR FOR STO				ROOMS
I hereby certify and swe	ear under penalties of per	jury that:			
1. the renewed	license will be of the sar	ne type for the	same premises no	w licensed;	
2. the licensee	has complied with all lav	ws of the Comr	nonwealth relating	to taxes; and	
3. the premises	s are now open for busine	ess (If not explain	ain below)		
SIGNED BY	Individual, Partner or Au	thorized Corpo	orate Officer		
DATE:	TELEPHONE NUM	MBER:		ER IDENTIFICAT	
Acts of 2004, signed b	attest that we are in pos by the building inspector the certificate of liquor	r and the head	l of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explain	,				
DATE.					
DATE:					
APPLICATION FOR RENEWA	L MUST BE FILED BY LICENSEE	ES DURING THE M	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 010800025		CITY OR TO	JWN BLACKS	IONE
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR 2	2013
		CLASS			YEAR
	: MEDFORD LIQ	UORS, INC COUNT LIQUORS			
ADDRESS 97 MA	IN STREET				
CITY/TOWN: BL	ACKSTONE	STATE: M	A ZIP COD	DE: 01504	
	EERER, T EDERIC E.	YPE OF LICENSE:	Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
	F LICENSED PREM				
ONE ENTRENCE 3,094 SQFT.	IN FRONT AND O	NE EXIT IN REAR	, FULL BASE M	ENT FOR STOR	AGE,
	nises are now open for	ith all laws of the Co or business (If not ex her or Authorized Co	xplain below)	tung to taxes, and	
DATE:	TELEPHO	ONE NUMBER:		LOYER IDENTIFICA OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LI By:	CENSING AUTH	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)10800028		CITY OR IC	JWN BLACKS	ONE
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	CHARLES PAPPAS	S			
DOING BUSINESS A	BLACKSTONE PA	ARK 'N SHOP			
ADDRESS 2 MAIN S	Γ				
CITY/TOWN: BLAC	KSTONE	STATE: MA	ZIP COD	DE: 01504	
MANAGER:	TYPI	E OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF LI					
21,400 SQ FT ON FIR	ST FLOOR WITH (CELLAR USED	FOR STORAGE	OF MERCHAND	DISE
2. the licensee 3. the premises	license will be of the has complied with a sare now open for be	all laws of the Cousiness (If not ex	mmonwealth rela plain below)		
	marviduai, Farmer C	n Authorizeu Col	iporate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICA [*] OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIG	CENSING AUTH	ORITY
DATE:					



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LICENSE NUMBE	R: 010800041		CITY OR TOWN	BLACKST	ONE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Roast House Inc				
DOING BUSINESS	A Roast House				
ADDRESS 3 Farm s	st				
CITY/TOWN: BL	ACKSTONE	STATE: MA	ZIP CODE:	01504	
MANAGER: Diog	go, Kathleen TY	PE OF LICENSE: Res	staurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					7
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
dining room, bar, tw	o restrooms, kitchen,	three entrances and e	exits		
I hereby certify and	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for the	same premises nov	w licensed;	
2. the licens	see has complied with	all laws of the Comr	nonwealth relating	to taxes; and	
3. the premi	ises are now open for	business (If not explain	ain below)		
SIGNED BY					
	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
	TEEET HOL	E IVONIBER.	(Note: NOT In	ndividual Social S	Security Number)
9	*	e in possession (1) the spector and the head	_		
		spector and the head f liquor liability insu			
of 2010.				•	
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [
(If disapproved expl	ain)		-		
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY I	JCENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	6A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 010800042		CITY OR TOWN BLA	CKSTONE
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
DOING BUSINESS	CHHAYA CORPOR A ANDERSON VAR			
	ACKSTONE STREET			0.4
CITY/TOWN: BLA	ACKSTONE	STATE: MA	ZIP CODE: 015	J4
MANAGER: PAT	EL,TEJALBEN TYPE	E OF LICENSE: Pac	ckage Store CATEG	ORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	ES:		
ENTRANCE ON BI	LACSTONE STREET,	ONE REAR EXIT	T FLOOR OF BUILDING TO LOADING DOCK FO	OR DELIVERY
2. the licens		ll laws of the Com	same premises now licens monwealth relating to taxes ain below)	
SIGNED BY	Individual, Partner o	r Authorized Corpo	orate Officer	
DATE:	TELEPHONE	NUMBER:		TIFICATION NUMBER: Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENSING A By:	AUTHORITY
DATE:				



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LICENSE NUN	MBER: 010800044		CITY OR TOWN	BLACKSTONE
APPLICATION	N FOR RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: PARADISE	CAFÉ, INC		
DOING BUSIN	NESS A PARADISE	CAFÉ		
ADDRESS 97	MAIN ST			
CITY/TOWN:	BLACKSTONE	STATE: MA	ZIP CODE:	01504
	SMITH, BRADFORD N	TYPE OF LICENSE: Re	estaurant CA	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
	N OF LICENSED PE			
		N GROUND FLOOR. RI OF BLDG AND IN DINI		NER. TWO
I hereby certify	and swear under per	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	e same premises now li	censed;
2. the 1	icensee has complie	d with all laws of the Com	monwealth relating to	taxes; and
3. the p	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indiv	vidual Social Security Number)
Acts of 2004, s	signed by the buildi	re are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fire departm	ent for the above
Please Check Belo	<u>w:</u>		LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
DATE:			-	



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LICENSE NUMBER	C: 010800045		CITY OR TO	WN BLACKS	IONE
APPLICATION FOI	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	SJ SEAGRA	VE & ASSOCIATES L	LC		
DOING BUSINESS	A FIREHOU	SE TAVERN			
ADDRESS 200 MA	IN STREET				
CITY/TOWN: BLA	ACKSTONE	STATE: M	A ZIP CODI	E: 01504	
MANAGER: SEA STE	GRAVE, VEN J.	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF	LICENSED P	REMISES:			
GROUND FLOOR. LOATED IN RIGHT	RESTROOMS Γ CORNER DI	MAIN STREET. ONE I S IN FAR CORNER. TW INING ROOM AND ON FAIRS. OUTSIDE PATI	O EXITS.ENTRA E UP FLIGHT O	ANCES, ONE DO	OOR
I hereby certify and s	wear under pe	enalties of perjury that:			
1. the renew	ed license will	be of the same type for	the same premises	now licensed;	
2. the licens	ee has complie	ed with all laws of the Co	mmonwealth relat	ing to taxes; and	
3. the premi	ses are now op	en for business (If not ex	xplain below)		
SIGNED BY	Individual, I	Partner or Authorized Co	rporate Officer		
DATE:	TELE	PHONE NUMBER:	EMPL	OYER IDENTIFICA	TION NUMBER:
			(Note: NO	T Individual Social	Security Number)
Acts of 2004, signed	d by the build	we are in possession (1) ing inspector and the h cate of liquor liability in	ead of the fire de	partment for the	e above
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			-		
(If disapproved expla	nin)				
D.A.EE					
DATE:					